UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION Is very

Exact statement

properly classifled.

carefully supplied.

See Instructions on back of

CAUSE OF Important.

stated

RECORD

PERMANENT EXACTLY.

#### S. No. 1.

PLACE OF DEATH	DEATH 1691	F DEAT	CE O	PLA	1
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 115

St .:---..Ward)

[if death occurred in a hospital or institution give its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH ECENATION (Month) (Day (Year)
6 DATE OF BIRTH February 28, 1913 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Accomban 57, 1913, to Secondar 57, 1913, that I last ssw h. Lam. alive on Secondar 574, 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work.	Browles - Pucumouc
(b) General nature of industry, business, or `establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Whorping Cough, Massecondary
10 NAME OF FATHER Malachi adams  11 BIRTHPLACE OF FATHER (State or country) wheleather Co., Ind.	(Signed) (Duration) Oyrs Omes Sds.  (Signed) (Machine Country), M. D.  State the DISEASE CAUSING DEATH, or, the deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER USAM Phillips  13 BIRTHPLACE OF MOTHER (State or country) Character & Jud.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted,
(Interment) Malacha adams	Former or usual residence
Filed AEC 15 1913 Total Agranting March 181	19 PLACE OF BURIAL OR REMOVAL  Auch- yard  Fishing Creek, Mrd  20 UNDERTAKER  ADDRESS  W. H. Shimmans & C.  Fishing Creek, Mrd.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Collapse," "Coma," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary), 10 ds. "Couvulsions," "Debility" ("Con-Never report



oarefully supplied.

See instructions on back of certificate.

of information should be

CAUSE OF Important.

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arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

1	PLACE	OF	DEATH	16912
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 115

St.; Ward)

Ilt death occurred in a hospital or institution, give its NAME instead of street and number. 1

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	10ecmen 91913, to 10ev. 26, 1913, that I last saw him alive on 10 cv. 76, 1913
7 AGE   If LESS than 1 day, ohrs. or ds.   OR min. ?	and that death occurred on the date stated above, st. 2.30 a.m., The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work	Dyphoid Twee
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) O yrs. O mos. 18 ds.
State or country)	(Secondary)  (Doration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)
of Mother Sule Benton Tyler  13 BIRTHPLACE OF MOTHER (State or country) LO occurren	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds.  Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	If not at place of death?  Former or  usual residence
(Address) & sein Ceek, m. 2.  18 Filed DEC 27th, 1913 Worth About to y. M.S., 194  Cocal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Church yard, Jiching Grach 2 7 1/4, 1913  20 UNDERTAKER  ADDRESS  With Commons & Oracling Grach  Oracling Grach

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrpreal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senite," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 affection need not be stated unless important. uant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronio interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples: For vio-



W. B. No.

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.	
)	F	AGE	
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	UNFADING	Every Item of Information should be carefully supplie CAUSE OF DEATH in plain terms, so that it may b important. See instructions on back of certificate.	
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Ounty Corchester	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. //6
Village or City Preside (No. 1)	Bessel occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 GOLOR OR RACE MARRIED MIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Tear)	that I last saw h Maralive on Alex 30 1913.
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
SOCCUPATION  (a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  PEIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  OF FATHER  OF FATHER  (State or country)  MARCHARM STATHER  OF FATHER  OF FATHER  (State or country)	Contributory Carrier (Duration) yrs mos 2/ds.  Contributory Carrier (Duration) yrs mos 3/ds.  (Signed) (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Prince State Registran  15 Filed Dr. 31, 1913 Shipled Registran  15 more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL  LOVE CONTROL OF BURIAL  20 UNDERTAKER  ADDRESS  HANDLONG CASH No. 1. 1814  1, 6 E. Franklin St., Balto., Requesting V. B. No. 1. 1822-1624

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the dibrase causing death—Name, first, the dibrase causing death—Name, first, the death of causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dieuemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonacum, etc.. Carcin-

which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. thenia." "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As ample: Mcasles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of . ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. "Contributory." scpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convuisions," "Debliity" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "PUEBPERAL septichac-\_\_ (name origin; "Can Examples: For vio



RECORD

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carefully supplied. UNFADING pe m.

16914 PHYSICIANS should state of OCCUPATION IS very Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX SINGLE, MARRIED, WIDOWED, ORDIVERCE 4 COLOR OR RACE DATE OF BIRTH properly classified. 90 (Day 7 AGE If LESS than should 1 day hrs. AGE BOCCUPATION (a) Trade, profession, or particular kind of work. may be (b) General nature of Industry, business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER 80 ō of information successive F DEATH in plain terms, s PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) CAUSE OF Important. S 15 REGISTRIA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.1

Diak	The state of the s	***************************************		***		
	MEDICAL	CERTIFIC	ATE OF	DEATH		
16 DATE OF D	EATH	De			, 191	
17	I HEREBY	(Mont		(Day	(Yen)	
***************************************	19	) I, to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		191	
that I last saw	hali	ve on				
and that death			stated	shove st		
he CAUSE ON				abore, at		11
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35550000000000000000000000000000000000	***************************************		*************			40.
***********				*************	*****	0000
	***************************************	(Durat	ion)	yrs	mos	d:
Contributor Secondary	y			*****		
- 17	9	(Dura	llon)	yrs	Ano s.	d:
(Signed) The	2000	Hab	1. Av	10-5	1	4
Dec 11	., 1913 (I	Address)	000	Hothing	· Doron	un.
*State the CAUSES, stat TAL, SUICIDAL	DISEASE CARE (1) MEAN	AUSING DE.	ATH, or, URY; and	in deaths	from Viol	EN'
18 LENGTH OF	RESIDENC	E FOR HO	SPITALS,	NSTITUTION	S, TRANSIE	NTS
OR RECENT F	ESIDENTS)		In the			
of death yr:	s mos.	ds.		yrs	mos	d
Where was disease				00000000000000000000000000000000000		
Former or usual residence	*************************	· · · · · · · · · · · · · · · · · · ·	*************	*****************		
19 PLACE OF	BURIAL OR	REMOVA		DATE OF	BURIAL	
bulon L	20%	ned		Dec	J. 1. 191	3
20/10/05/05	r.D	1000	1			

No. υ'n



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

CAUSING DEATH (the primary affection with respect to lesis of lungs, pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted "Croup";) fever (the only definite synonym is ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid "Epidemic cere-Carcin-

> nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e.g., by earbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-"," "Old Age," "Shock," "Uraemia," "Weakuess," The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



77

BINDIN	
FOR	
RESERVED	
MARGIN	

W. B. No. 1.

-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.

	PLACE OF DEATH 16915	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	ounty Dorellester	
	0	Registration Dist. No.//6
V	Hage or City Cambridge (No. Cambridge Porcelle	St.; Ward)  [It death occurred to a hospital or Institution, give its NAME lostead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 55	Acolororrace Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	18 DATE OF DEATH  Dec 27, 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	Dec 10 , 1913, 10 Dec 27 , 1913,
	(Month) (Day) (Year)	that I last saw h/ 2 alive on De 27 1913
7 A		and that death occurred on the date stated above, at 9.30 Pm.
	/ /- yrsmosds.   f day,hrs.   ORmio.?	The CAUSE OF DEATH* was as follows:
(a) par	Frade, profession, or Secuenal Fram Lond General nature of Industry,	Syphoid Jelis
busi	ness, or establishment in	(Duration) yrs. mos 2/ ds.
9 81	RTHPLACE ate or country)	Contributory fun from it is (Secondary)  (Deration) yrs mos 3. ds.
	10 NAME OF FATHER Lankson	(Signed) 18 N Golas borough , M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)  Md.	*State the Disease Causing Death, or, in deaths from Violent
PARI	of Mother Tunkum	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  Ond.	At place of death
14 <sub>T</sub>	interment) Cauchi of c. M.d. Hospital Rundo	Where was disease contracted, Fr Levalating, Ind.  Former or usual residence. Frederickstung, Ind.
	(Address) Cambri dyy Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  8 Ederalsburg Sad. Date of BURIAL  820. 29 1913
1 5	1 Dec. 28, 1913 E. E. Wolfd REGISTRAR	20 yndertaker Adoress Campides Med
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death of the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrerran septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For vio-



county Douchester

A STATE OF THE PARTY OF THE PAR	STAT	E O	F	MAR	YLAN	ID
CE	RTIF	ICA	TE	OF	DE	ATH

Village or City Kurch (Roue)	St.; Ward) [If death occurred in a hospital or institution,
* FULL NAME Mellie Br	give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR OIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That Deptended deceased from
6 DATE OF BIRTH  Aug   0	that I last saw h & alive on How   10   1913
7 AGE   If LESS than t day,	and that death occurred on the date stated above, st 4 Pm, The CAUSE OF DEATH* was a follows:
8 OCCUPATION (a) Frade, prefession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF	Contributory (Secondary)  (Deration) yrs mos os.
FATHER  STUDIES OF STATE  STATE  11 BIRTHPLACE OF FATHER (State or country)  M  12 MAIDEN NAME OF MOTHER	Signed)
13 BIRTHPLACE OF MOTHER (State or country) Mary Canal	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs,mosds.
(Informant) Concerns Bryans	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Sleek recelled 15 Filed DRC 11 , 1919 John R Juster REGISTRAR	Just Treefe Dec. 1, 1913
If more blanks are needed, address State Registran	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



#### .

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.). For persons Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereutosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclaby earbolic acid—probably suicide. such, if impossible to determine definitely. mia," "PUERFERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJUBY and quality as which surgical operation was undertaken. childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head or Homicidal, or as probably (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Examples: For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 16917	STATE OF MARYLAND
. Doschenter	CERTIFICATE OF DEATH
County workersell	Registration Dist, No. 110
meas a 1 +	Registration Dist, No.
Village or City Galestonn (No.	St.; Ward) [If death occurred in a hospital or iostitution,
	give its NAME instead
EFULL NAME Infant. no	name Callaway of street and nomber.]
-FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH NO. 9
Semale While (Witower, ORDIVORCED (Write the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	, 191, to, 191,
$\frac{10009}{\text{(Month)}} = \frac{1913}{\text{(Year)}}$	that I last saw hallve on, 191
7 AGE   It LESS than	
/ 1 day,hrs.	and that death occurred on the date stated above, at
yrs	The GAGGE OF BEATHA Was as follows:
8 OCCUPATION (a) Trade, profession, or	No physician in
particular kind of work	attempance Cause of
(b) General nature of industry, business, or establishment in	death - croups
which employed (or employer)	(Duration) yrs toos. ds.
9 BIRTHPLACE (State or country)	Contributory   Secondary
Whileslee Co. Mo	(Doration) vrs. mos. ds.
10 NAME OF FATHER ()	(Signed) & M. Castings & S. Rea H.
george S. Callarray	101 101
11 BIRTHPLACE OF FATHER (State or country) Do cheeter Co. In  12 MAIN DO NAME & DO CHEETER CO. IN  12 MAIN DO THER OF MOTHER  2 DO TO THER	, 191 (Address) IX wo des alle
(State or country) Or childle Co. In	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
of MOTHER of MY Loteles	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Drochester Co. 7	At place in the in the graduath yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Do - 10 00	It not at place of death?————————————————————————————————————
(Informant) get get accarrage	usual residence.
(Address) Galestom, md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 M () 1 - 1/1	galectorn Dec 10, 1913
Filed Nee. 9 191 3 1. M. Hastings	29 UNDERTAKER ADDRESS
Deputy Local REGISTAR	N.D. gravenov Bro Charpton
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the bousehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of bungs, meninges, peritonaeum, etc., Carcin-



injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failurc," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Ca- sent for sig. g. d. R

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10 14/	llage or City Olembriay (No.	
5000	7.	, /
	FULL NAME Manee	J St
-	PERSONAL AND STATISTICAL PARTICULA	RS
35	Adde Colored Single, MARRIED, WIDOWED, ORDIVORCED (Write the wol	ce for
6 D	ATE OF BIRTH	
	(Month) (Day	, 19/3
7 A	(-10)	If LESS than  1 day,hrs.
	yrs mos ods.	ORmin.?
(a	OCCUPATION ) Trade, profession, or Infact kind of work	
(b)	) General nature of Industry, siness, or establishment in Ich employed (or employer)	000000000000000000000000000000000000000
9 B	(State or country) Maryland	
	FATHER Clauses Cefit	Ress
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Manda	ud)
PAR	of MOTHER Sarah Thomas	kren
(Maketing	13 BIRTHPLACE OF MOTHER (State or country)  Musche	ua)
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWL	EDGE
	(Informant) Charles Ceph	ex)
	(Address) avey R	7 DH
15	Sty 23 mg Shever	7

Treal

REGISTRAR

PLACE OF DEATH 16918

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICA	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Dre.	23	, 1913
	(Month)	(Day	(Year)
. 1 . 1 . 1	191, to		
that I last saw h a			
and that death occurred	on the date state	d above, at 3	A. m
The CAUSE OF DEATH	* was as follows:		
Contributory Secondary		yrs	mosds
-00mm0000000000000000000000000000000	(Quration)	vrs.	mas ds
(Signed) & & & & & & & & & & & & & & & & & & &	Elwolf (Address) Com	J Ford Inilys	R., M. D.
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, CANS OF INJURY; ICIDAL.	or, iu deaths fr and (2) wheth	om VIOLENT
18 LENGTH OF RESIDENTS) At place of death	In the	s, Institutions,	TRANSIENTS

DATE OF BURIAL

20 UNDERTAKER

If not at place of death?

Former or usual residence

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used ouly when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcrcu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Semile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



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7	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	Every Item of information should be carefully supplied. AGE should be stated EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state Important. See instructions on back of certificate.
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No. 1.		AU mpodu
7		m O T

PHYSICIANS should state of OCCUPATION IS VERY

Exact statement

RECORD

16919 PLACE OF DEATH parchester

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

St.;....Ward)

Ilt death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
		16 DATE OF DEATH Lec. 39" ,1913. (Month) Day ,1913.
6 D/	TE OF BIRTH  Month)  (Day  (Year)	that I last saw h AMA alive on Dec 29, 1919.
7 AC	1 LESS than 1 day,	and that death occurred on the date stated above, at \$30-Pm, The CAUSE OF DEATH* was as follows:
(a) par (b) busi	Trade, protession, or ticular kind of work.  General nature of industry, ness, or establishment in	(Duration) 2 yrs mos ds.
9 81	RTHPLACE (State or country) Maryland	Gontributory
PARENTS	10 NAME OF John Burton Corkran,  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME Ann L. Shyrock,  13 BIRTHPLACE OF MOTHER (State or country) Maryland,	*State the DISEASE CAUSING DEATH, OR, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs, mos. ds
	Informant) Mrs 2133ie M. Corkran  (Address) Williams burg, Mrd, RR	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Tederal armony Market Mark
File	Dee 30 h 1913 Court & Gastings  REGISTRAN  If more blanks are needed, address State Registran	20 UNDERTAKER  3. T. Tramptom & Son, Federalsburg, rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

'Höüsewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. material worked on may form part of cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salesman, Farmer or Planter, "Foreman," the second (7)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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RECORD

16920 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. 1/0 Ilf death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED, Martied
ORDIVORCED
(Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day .....hrs. OR ..... 7 SOCCUPATION (a) Trade, profession, or armen particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory .... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) back 11 BIRTHPLACE (Address) ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the (State or country) of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ DEAT Where was disease contracted, 14 THE ABOVE IS KNOWLEDGE If not at place of death? ... Former or usual residence. 0 mportant. CAUSE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Law

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

devals

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer—Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the nisease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubcrcucessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds., (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



S. No. 1.

N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. The DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Every item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH	1000
On al 15	1692
County Darchester	

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME (Still Born) Deshields

PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex	COLOR OR RACE Saingle,  MARRIEO, WIDOWED, ORDINACEO (Write the word)	16 DATE OF DEATH December 31st, 1913 (Month) (Day (Year)
DATE OF BIRTH		17   HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Ann 1011 3124 01	, [9], to, [9],
The state of	(Month) (Day (Year	that I last saw h
TAGE	(Month) (Day (Year	
1 11		and that death occurred on the date stated above, at
felice m	n.) C yrs O mos O ds. OR min.	I ING CAUSE OF DEATH * was as follows:
SOCCUPATION		
(a) Trade, profession, particular kind of wor		Alle (Born) at term
(b) General nature of	***************************************	***************************************
business, or establis	hment in	(Duration) Oyrs Omos Ods
which amployed (or er	mploysr)	
BIRTHPLACE (State or coun	try) M	Contributory Secondary
	Maryland	(Outation) Over Omes Ode
10 NAME OF	0. 0. 1. 10	
	Jun Neshields Wead	(Signed) Sawara & Jankin, M. D.
D 11 BIRTHPLA	de M	Dec 3/25, 1913 (Address) Viennal md
(State or	country) //(aryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATH (State or W 12 MAIDEN N OF MOTH	TAME TO DO	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0.	Horence tide ont	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE,
13 BIRTHPLA OF MOTH	CE (M)	OR RECENT RESIDENTS) At place In the
(State or		of death yrs ds. State yrs. mos de
THE ABOVE IS	TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) De	nale Whitting ton (moth	Former or
(Intuinant)	- COTE -	osual residence
(Address)	Vienna R. J. D. Mi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5	1 1 2 5 8	- Stoole's Neck View by Doc 310hours
Filed Dec. 31	1913 D. S. Lam Kin	20 UNDERTAKER ADDRESS
FIIGU	Debuty Local REGISTRAR	Parent (Stather) 7/10 1 POLAN
		egistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an it-should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 2 1014 17, V.S.

RECORD PHYSICIANS should state of OCCUPATION is very	VIIIage or City Trums (No. 1	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No
H . E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BINDING  A PERMANENT e stated EXACTLY. ed. Exact statemen	SSEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED, WROWED, WROW	16 DATE OF DEATH  One of DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from 26, 1913, to Dec. 29, 1913.  that I last saw home alive on Dec. 29, 1913.
C INK—THIS IS	TAGE  20 yrs. 6 mos. 12 ds. 1 day,hr ORmin. ?  **COCCUPATION** (a) Trade, protession, or particular kind of work. (b) General nature of Indostry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 9.302 m.
LAINLY, WITH UNFAIR ation should be carefully in piain terms, so that it uctions on back of certifical	9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  22 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 BIRTHPLACE OF MOTHER  (State or country)  15 BIRTHPLACE OF MOTHER  (State or country)  16 BIRTHPLACE  (State or country)  17 BIRTHPLACE  (State or country)  18 BIRTHPLACE  (State or country)  19 BIRTHPLACE  (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)	Contributory (Secondary)  (Deration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  (Signed)  (Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  (Signed)  (
WRITE P N. B.—Every Item of Infort CAUSE OF DEATH Important. See Instr	(Address) Lima Inda Carella Cockers (Address) Lima Inda Cockers (Address) Lima Inda Cockers (Address) Security Selection (Address) Registrar	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ACLEUM SM. J. 191.3.  20 UNDERTAKER  ADDRESS  A. T.
	OCCUR wood bienke fire meeter Sederem Brate Beete	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers Gracery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation bas As examples: For persons "Foreman,"

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cbildbirth or miscarriage, as "Purperal septichaemia," "Purperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallycause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Annemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) The contributory (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin; "Can-



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Important.

PARENTS

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PHYSICIANS SHOW

RECORD

1 PLACE OF DEATH

16923

STATE OF MARYLAND CERTIFICATE OF DEATH

0			11/
	Registration	Dist.	No. / 6

....Ward)

lit death occurred in a hospital or institution, give its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)
DATE OF BIRT	н	

RTH			
001000000000000000000000000000000000000	And Sent		19/3
	(Month)	(Day	(Year)
-		1.8	if LESS than 1 day,hrs.

mos ds OR min ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) .....

**2FULL NAME** 

9	BIRT	HPLAC	E
	(St	ate or	country)

TAGE

FATHER	216
11 BIRTHPLACE OF FATHER (State or con	17.

12 MAIDEN NAME OF MOTHER

Flied DEc. 23

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOV	EIS	TRUE	TO	THE	BEST	OF	MY	KNOWLED	GE
								1	

(Informant)	***************************************	340
(Address)		(
	0 -	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	DEC.	23	1913
* *************************************	(Month)	(Day	(Year)
	BY CERTIFY, That	l attended d	eceased fron
not at all	191, to		, 191
that I last saw h	alive on		191
and that death occurred	d on the date state	d above, at.3	30 A. m
The CAUSE OF DEATH			
Frans	hon - Coans	· 20x Ken	×/
	***************************************		
000000000000000000000000000000000000000	(Duration)	yrs	.mosds
Gontributory Secondary			**************************
	(Ouration)	yrs	mosds
(Signed)	EEW of	y L. K	, M. D
9 . 7	.00	0 . 0.	1 1

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

..., 1913 (Address) O

18 LENGTH OF I	RESIDENCE (FOR H	OSPITALS,	INSTITUTIONS,	TRANSIENTS
At place		in the		

ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. ..... mos. .... ds Where was disease contracted.

it not at place of death?... Former or usuai residence.

19	PLACE	OF	BURIAL	OR	REMOVAL	
	0		1	40.00		

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

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•	2	FULL NA	ME Jan	nes Ri	7.8
	PE	ERSONAL AN	D STATISTIC	AL PARTICUL	ARS
351	rale	14 COL 2/4	or or race	SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the W	ingle ord)
6 D.	ATE OF E	BIRTH	Ang.	24	188
		ontide constant	(Month)	(Day	(Year)
7 A	G E	31	yrs 3 m	os 6 ds	If LESS that 1 day,hrs
pa (b) bus	iness, or		(	N. C. Garaga	
9 B	(State of	CE r country)	many.	Land	
	10 NAM FAT	HER Sar	nuel.	Mr. Do	who
ENTS	H OFFATHER				
PAREN		MOTHER S	Tella	Ruas	h
	OF	HPLACE MOTHER ate or countr	s) Mea	nılan	ud
	(Intermant)	11	TO THE BEST	of MY KNOW	VLEDGE
	(Addr	ess)	Balts.	md	, /

1 PLACE OF DEATH

16924

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1/6

and Ave St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of sfreet and number.]
ho	

AND STATISTICAL PARTICULARS	MIDICAL CLASSIC CONTRACTOR DE
COLOR OR RACE SINGLE, Single WIDOWED,	16 DATE OF DEATH  Dec 3 , 1913  (Month) (Day (Year)
thite (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Aug. 274 1882	Dec / 1913, to Dec 3 , 1913,
(Month) (Day (Year)	that I last saw h/2 alive on De V 191.3
If LESS than	and that death occurred on the date stated above, at 4. 7. m.
yrs 3 mos 6 ds. 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs	During allack of acuto manie,
Ogstismass	Lin milled Surbed by Jumping from a
istry, /	(Durafion) yrs. mos. 4 ds.
yer)	Gontributory Secondary
Maryland	(Duration) yrs mos ds.
	(Signed) By Golabona, M. D.
annuel M. Donoho	Du 4 , 191 (Address) Caulnage Mi
intry) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes. state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Della Ruask	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
intry) Measuland	At place In the of death yrs mos ds State yrs, mos ds
HE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
yad It I Sandhammyer	Former or usual residence
Balts, prd,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
3/ Moff mmant	20 UNDERTAKER, ADDRESS
, 1913 / Ny Minacles	3/ 4/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/
Of the Parks are posted address State Design	It. No. Melie 71300 Cambridge med
it more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: affection ueed not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Caninjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SEICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

stated EXACTLY.

should be

AGE

carefully supplied.

DEATH in plain terms, so that it m See instructions on back of certificate.

CAUSE OF Important. S

N. B

Filed 2520. 19, 1913

RECORD

V. S. No. 1.

Village or City Careful (No. 138),	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6  St.; Ward)  [If death occurred is a hospital or institution, give its RAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)  8 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day (Year)  HEREBY CERTIFY. That I attended deceased from  1913, to  1913,
(Month) (Day (Year) (7 AGE If LESS than f day,hrs.  9 OCCUPATION (a) Trade profession, or anotherly, bird of work	and that death occurred on the date stated above, at
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Contributory Secondary  (Boration) yrs I mos ds.  (Boration) yrs I mos 19 ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother  13 Birthplace Of Mother (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address)/3 & Psine St. Cotto	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC. 20 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae auple: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine defaultely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head of The nature of the "Exhaustion," Never report



No. 1. υż

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE N. B.-

1	16090	A STATE OF MARWAY
/	PLAGE OF DEATH 16926	STATE OF MARYLAND CERTIFICATE OF DEATH
C	ounty Downster	
		Registration Dist. No. 11.5
1	Village or City Hoopers Olle (No,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME Many Elizabet	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Wildowed wild owed	18 DATE OF DEATH (Month) (Day) (Year)
6 0	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Let. 28 1822	1913, to Dec. 12 1913,
	(Month) (Day) (Year)	that I last saw h
7 A	GE if LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3 . 158 m,
	9 0 yrs. 9 mos. 4 ds. OR min. ?	The GAUSE OF DEATH* was as follows:
(8	CCUPATION  1) Trade, profession, or reficular kind of work	Lobar Premona
bu	) General nature of Industry, siness, or establishment in nich employed (or employer)	(Ouration) yrs. mos. 4 ds.
	State or country) Mary and	(Secondary)
	10 NAME OF FATHER JOSEPH Brooks.	(Signed)
NTS	11 BIRTHPLACE OF FATHER (State or country)  Maryland  O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSINS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF MONOMINE OF MONOMINE ACCIDENTAL OF MONOMINE OF
ARENT	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  Warrand:	or Recent Residents) At place In the of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant), Florence Hougher	Former or usual residence
	(Address) 26 orpersville, Mil.	19 PLACE OF BURNAL OR REMOVAL ATE OF BURIAL
15	Acal 14 min mish the sate	126 UNDERTAKER ADDRESS M
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Wousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerpural scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," "Senile." etc.), ample: Measles (disease causing death), 29 ds.: nant neopiasms); Measles; Whooping cough; Chronu oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mall; The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemla," "Weakness," (name origin; "Can-State cause for Examples:



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No. 1.

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1 PLACE OF DEATH

16927

Filed Dre- 3, 1913

Cambri Rgs

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.//6

..St.;.....Ward)

fif death occurred in a hospital or institution, give its NAME Instead of street and number.]

ADDRESS

Cambridge, ked

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Frem	4 COLOR OR RACE  Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	18 DATE OF DEATH Sec. 30 ,1913 (Month) (Day (Year)
6 DATE O		that I last saw h a alive on 322 30 ,1913.
7 AGE	If LESS than   1 day, hrs.   OR 30 min. ?	and that death occurred on the date stated above, at 2.30 . m The CAUSE OF DEATH* was as follows:
(b) Genera business, o which empi 9 BIRTHP (State	or country)	Contributory Secondary (Duration) yrs mos ds
2 11 B	AME OF LOS M. Gordy.  IRTHPLACE OF FATHER (State or country)  AIDEN NAME OF	(Signed) Sawara M. D. Dre. 30, 1913 (Address) Caustin Oga kad  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BI O ( (Informs)	IRTHPLACE F MOTHER (State or country)  BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  AND  M. Gordy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death
(1	Address) Cambri Rgr. Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Seudin 25E Ind DEC. 31 1918

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise speciadditional live is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grecery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association.)\*-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichuectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertakeu. For vio-Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated nuder the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seulle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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CERTIFICATE OF DEATH  Registration Dist. No. 116  Viliage or City Cambridge (No. 102, Hay St., St.; Ward)  2FULL NAME  CERTIFICATE OF DEATH  Registration Dist. No. 116  [If death occurre a hospital or institution of street and number of str
Village or City Cambridge (No. 10 2 Hay St. St.; Ward)  2FULL NAME  Page of City Cambridge (No. 10 2 Hay St. St.; Ward)  2FULL NAME  Page of City Cambridge (No. 10 2 Hay St. St.; Ward)  2FULL NAME  Page of City Cambridge (No. 10 2 Hay St. St.; Ward)  2FULL NAME  Page of City Cambridge (No. 10 2 Hay St. St.; Ward)  2FULL NAME  Page of City Cambridge (No. 10 2 Hay St. St.; Ward)
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FULL NAME Mary Ann Gray
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PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
Remal, White (Write the word)  16 DATE OF DEATH  Security 14 , 19  (Month) (Day (Year)
6 DATE OF RIPTH
Mear 30 = 1829
(Month) (Day (Year)
The CAUSE OF DEATH* was as follows:
BOCCUPATION Parly s/5 - and old age
(a) Trade, profession, or particular kind of work.
(b) General nature of Industry,
business, or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Maryland  Contributory Secondary  Secondary  (Operation) yrs mos
10 NAME OF Branswich Morale (Signed) POW Sold borough.
11 BIRTHPLACE OF FATHER (State or country) Maryland  *State the DINEASE CAUSING DEATH, or, in deaths from Vic CAUSES, state (1) MEANS OF INJURY; and (2) whether Acc TAL, SUICIDAL, or HOMICIDAL.
*State or country) Maryland  *State the DINEASE CAUSING DEATH, or, in deaths from Vic CAUSES, state (1) MEANS OF INJURY; and (2) whether Acc TAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS- OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mary Land OR RECENT RESIDENTS) At place of death yrs, mos ds. State yrs, mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, If not at place of death?
(Informant) Mr. Alice Santh Former or usual residence
(Address) Cambridge Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC. 162,
Filed DZU. 15 1913 ZZWalf 20 UNDERTAKER . ADDRESS
REGISTRAR W. Mo. Willis 77300. Locuilidge.  If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia inqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy." thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Collapse," "Coma," "Convulsions." "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion,"



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be plimportant. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.-

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### STATE OF MARYLAND CERTIFICATE OF DEATH

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Registered	No.	.1.1.1

Village or City Cobin Creek (No. 1)	St; Ward)  [It death occurred is a hospital or institution give its NAME insteased of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, (Michael Or Divorce) (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH  Sufit  (Month) (Day) (Yea	19 hor, J 1913, to Dec 26, 1913
7 AGE   If LESS   day,	The CAUSE OF BEATH'S Was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Sorchuster Co.	(Duration) / yrs. mos. cs.  Contributory (Secondary)
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Dorchistes Co  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) From Trolux	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death?
(Address) Oak Grove Och.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  8. N. Warfut Md Die 28, 1913

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

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20 UNDERTAKER





[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the dibrable causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopncumonia ("Preumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage. as "Puerperal scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthebia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ocoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



PLACE OF DEATH	930
County Dorchester 16	990
Village or City Robbia	(No

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St;.....Ward)

[if death occurred in a hospital or institution,

	FULL NAME MA Manne	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	em ale 4 COLOR OR RACE Single, Aingle Whote White Woowed, ORDIVORCED (Write the word)	16 DATE OF DEATH DER 26, 1913 (Month) (Day) (Year)
V	the state of the s	17 i HEREBY CERTIFY, That I attended deceased from
0 D	ate of Birth  Nov 30, 1913	, 191, to
	(Month) (Day) (Year)	that I last saw h alive on
TA	27 1 day,hrs.	and that death occurred on the date stated above, at
	yrsds. ORmin. ?	whooping Cough
	CCUPATION ) Trade, profession, or	
	rficular kind of work	ly stranghang
	General nature of industry,	
	iness, or establishment in	(Duration) yrs. mos ds.
9 R	RTHPLACE tate or country)  Bolloms Dorchester	Contributory and physican in attendance
	10 NAME OF Harry Hart	(Signed) W.J. J. Lousiel Long, M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Stee 26, 1913 (Address) Sakesville *State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER		TAL, SUICIDAL, OF HOMICIDAL.
а,	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs mos ds.
141	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at piace of death?
	informant) Harry Hart	Former or usual residence
	(Address) Robbins 80	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Landy Ridge Sec 27, 1913
Fil	et 26 36 1913	20 UNDERTAKER ADORESS
	REGISTRAR	A. L. Kirwan

At more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

No. 1. si.

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[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease is a feetion with respect to time and causation), using disease the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

chiidbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of . Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify aii diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:



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		Every item of information should be carefully sur CAUSE OF DEATH in piain terms, so that it ma Important. See instructions on back of certificate.
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V. S. No. 1.		N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.

PHYSICIANS should state

RECORD

PLACE OF DEATH	STATE OF MARYLAND
$\Theta_{\infty}$ 16931	CERTIFICATE OF DEATH
County Lander	Registration Dist. No. //3
Village or City Laylor & Islands	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male African (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to
(Month) (Day (Year)	that I last saw h allve on , 191
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at
yrs ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION  (a) Trade, protession, or particular kind of work	(no medical attendance)  (Duration) yrs. mos. 7 ds.
9 BIRTHPLACE (State or country)	Gontributory
10 NAME OF Jun Henson	(Signed) Those Capetonic Colom. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MOTHER	*State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, state (1) MEANN OF INJUNY; and (2) whether Accident
a 12 MAIDEN NAME OF MOTHER Addie Teene	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPIRED
13 BIRTHPLACE OF MOTHER (State or country)  Mad	At place In the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Alexanor	Where was disease contracted, it not at place of death?  Former or usual residence
(Address) Laylant Seld Md	19 PLACT OF BURIAL OF REMOVALING DATE OF BURIAL  Private Legisland Dic 22, 1913
Filed Dec 21, 1918 for 17 Spriver &	Denny Wamboin Day on Soul

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulgainfully employed, as At school or At home. mine, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. ness. CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b)been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

CAUSING DEATH (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonacum, etc., meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria (avoid use of Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



6	RECORD	PHYSICIANS should state
T. B. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
100		Office

Gounty Dorchesler 16932	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City & n. market (No. 1.	St; Ward)  [If death occurred a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED.  GRADINORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
Month) (Day) (Year)	non 24, 1913, to Dec / 1913
7 AGE   if LESS than t day,hrs.   b 2   yrs.   mos. 18 ds.   ORmin.?	hand that death occurred on the date stated spoye, at
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment io which employed (or employer)  BIRTHPLACE (State or country)	(Doration) / yrs. mos. ds  Contributory (Secondary)
10 NAME OF FATHER Prilchett adjustant  11 BIRTHPLACE (State or country) Mary Land	(Signed) / / / / / / / / / / / / / / / / / / /
OF MOTHER Harrest allers  13 BIRTHPLACE OF MOTHER (State or country)  Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Informant) E-TR. Market Tind.  (Address) E-TR. Market Tind.	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS
REGISTRAR	Hott. Meloughby E. I morful





[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekcepers material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the DISMASK CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puerperal scotichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion, "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from (Recommendations on statement of State cause for



V. S. No. 1.

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0	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.
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PLACE OF DEATH 15933	STATE OF MARYLAND
County Osbrehester	CERTIFICATE OF DEATH
	Registration Dist. No. 1/6
Village or City Carubrale (No.	St.: Ward)   [It death occurred in
2 FULL NAME James F	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White ORDINGRED Midowel	16 DATE OF DEATH SE 12 , 1913 (Month) (Day (Year)
(Write the Word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	ou Dec. 12 1913, to 191 ,
(Month) (Day (Year)	that I last saw h allye on
7 AGE If LESS than	and that death occurred on the date stated above, at 5 Am.
3 yrs 9 ds OR min,?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	lash shi e a e e
(a) Trade, protession, or particular kind of work.	Joseph China
(b) General nature of industry, business, or establishment in	AD or 15' recentles
which employed (or employer)	(Ourafion) yrs. mos. ds.
State or country)	Secondary
10 NAME OF A	(Duration) rrs mos ds.
FATHER Sandy of Market	(Signed) 2 Waff M. D.
11 BIRTHPLACE OF FATHER	Dru (3, 1913 (Address) Countri of & had
(State or country) Manhand	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  MOLE  14 MAIDEN NAME OF MOTHER  MOLE  14 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	Af place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
De Mar	If not at place ot death?
(Informant) Other Other and	usual residence
(Address) Camb Scay Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed DER 13 1913 E. EWalff	20 UNDERTAKER ADDRESS
Filed 1915 Corne REGISTRAR	ADDRESS ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner; (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, The (6)

lesis of lungs, meninges, peritonacum, etc., pneumonia"); Lobar pneumonia; Bronchopncumonia brospinal meulngitls"); Diphtheria (avoid use fover (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonla," "Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid unquallfied, is indefinite): Tubercufover (never report "Typhoid

> naut neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less defiulte; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgln; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion." "Marasgenital," "Senlle," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustlou," State cause for Never report



S. No. 1.

ø

	FULL NAME while of the	
	PERSONAL AND STATISTICAL PARTICULARS	1 7
35	ex Color or race 5 single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DE
6 D	July 29th 1850	Dec. 80
7 A	(Mon/th) (Day (Year)  GE   If LESS than   1 day, hrs.	and that death
(a pe (b) bus	OCCUPATION  Trade, profession, or relicular kind of work.  General nature of industry, iness, or establishment in ch employed (or employer)	Chro
-	RTHPLACE (State or country) Maryland	Contributory Secondary
	10 NAME OF Garon Hughes	(Signed)
ENTS	11 BIRTHPLACE OF FATHER (State or country)  12 NAME OF FATHER (State or country)  OF FATHER (State or country)	Dec 16 4
PARENTS	11 BIRTHPLACE OF FATHER  OF FATHER	*State the CAUSES, state TAL, SUICIDAL
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  (State or country)	*State the CAUSES, state TAL, SUICIDAL 18 LENGTH OF OR RECENT R At place
14 1	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  14 BIRTHPLACE	*State the CAUSES, state TAL, SUICIDAL TB LENGTH OF RECENT R
14 1	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  The Above Is True to The Best Of My Knowledge  The Above Is True To The Best Of My	*State the CAUSES, St. TAL, SUIGIR OR RECENT At place of death

16934

1 PLACE OF DEATH

### STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist, No. 112

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

DICAL CERTIFICATE OF DEATH

DATE OF DEATH	December	15th	. 1913
		(Day	
17 I HER	EBY CERTIFY, That	I attended	deceased from
Dec. 8th	, 1913, to De	c. 140	to 1913.
	Wallve on Dece		
and that death occur	red on the date state	d above, at	5:500 m.
The CAUSE OF DEA	TH* was as follows:		
00			000
10 hrome	nterst	itial.	Tephritis
			/
	(Burnellan)		mos O ds.
9			mosds.
Secondary	treamial.	**********	
	(Duration)	00 mm 0	5
(Signed) Edwa	rd Goda	m Ru	
Dec 16th 1915	3. (Address) Vien	mal.	mel.
*State the DISEAS CAUSES, state (1) TAL, SUIGIDAL, or I	SE CAUSING DEATH, OR MEANS OF INJURY; a COMICIDAL.	, in deaths nd (2) whe	from VIOLENT ther Acciden-
18 LENGTH OF RESIT OR RECENT RESIDEN At place of death yrs	In the	, Institution	

AL OR REMOVAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Bequesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Namé, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for genital," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



1	PLAGE OF DEATH 16935	STATE OF MARYLAND
Co	unty Lorche ster A	CERTIFICATE OF DEATH
Co	Ther ainces	Registration Dist. No. 1/6
Vit	lage or City (No,	St.; Ward) [If death occurred to a hospital or Institution,
		give its NAME instead
	FULL NAME Maria	of street and number.]
	TOLL MAINLE	The state of the s
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	MARRIED.	16 DATE OF DEATH STEE 23 1013
1	male Calared (Write the word)	(Month) (Day (Year)
18		17 I HEREBY CERTIFY, That I attended deceased Hom
6 D	ATE OF BIRTH	in ver. 1913 to 191
	aler 1841	
7	(Month) (Day (Year)	that I last saw h alive on 1913
7 A		and that death occurred on the date stated above, at Market A. m.
	7 2 yrs mos ds 0 0 0 min. ?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	she no partial qualype in ich.
(a		show my seen her rince by my
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,		Thor um de to come ofdicale
business, or establishment in		(Burn No.)
	ich employed (or employer)	(Duration) yrs mos ds.
9 B	RTHPLACE (State or country)	Secondary
	- May and	(Duration) vrs mos ds
	10 NAME OF FATHER	Much of the
	Lout Know	(Signed) M. D.
ARENTS	11 BIRTHPLACE OF FATHER TO NO. 12	19 74 , 1910 (Address) authorning
Z	(State or country) Unknow	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
AR	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	Conce Mana Van	FENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS THE
	13 BIRTHPLACE	At place In the
	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Clarice Carcher	Former or
	(III) I III III I I I I I I I I I I I I	usual residence
	(Address) Oambudge Ma	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	0 57.00	Ambrey Cometer Dec 25/1913
FII	ed Drc. 24 1913 E. Z. Wilf	20 UNDERTAKER ADDRESS
	FOCAL REGISTRAR	LeCompte Hacker Cambride
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		Mo

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speciit should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at hegiuning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, uot who receive a definite salary), may be entered as duties of the household ouly (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, who have no occupation whatever, write None. been changed or given up on account of the misease Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be judi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoutesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertakeu. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the geuital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less defiulte; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Iuanitlon," "Marasture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of (secondary or intercurrent) State cause for Never report



ORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important, See instructions on back of certificate.
REC	PHYS of O
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	EXACTLY. statement
PER	Exact
S IS A	lassifled.
K-THIS	AGE sho
ING IN	nay be p
UNFAD	that it certificat
WITH	Every Item of Information should be carefully sur CAUSE OF DEATH in plain terms, so that it mis important. See instructions on back of certificate.
AINLY,	ation sho n plain t
ITE PL	of Inform DEATH I
WR	Item E OF tant. S
	Every CAUS Impor

state

1 PLACE OF DEATH 16936 County Dorchester

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

.St.;.....Ward)

[it death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
355	ACOLOR OR RACE  Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH DEC 30 , 1913 (Month) (Day (Year)		
6 D/	MATE OF BIRTH  SEC. 30 , 19/3  (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from not at all 191 to 191 that I last saw h alive on 191 191 191 191 191 191 191 191 191 19		
7 A C		and that death occurred on the date stated above, at		
(a) pai (b) bus	CCUPATION I Trade, profession, or rticular kind of work	Miscom age - 44/20 \ mos.  mostro  (Buration) yrs. mos. ds.		
9 81	10 NAME OF FATHER Sully Hughes  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Boration) yrs mos ds.  (Signed) 28 yrs R, M. D.  28 x 19t 3 (Address) Cambridge, M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIPAL.		
14 T	OF MOTHER Mildrd Holl  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Sadis Ofall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, it not at place of death?  Former or usual residence.		
15 Fli	(Address) Cambridge, Ind.	Cambridge, Ind Date of Burial  20 UNDERTAKER  ADDRESS  ADDRESS		

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. statement. Never return "Laborer," cases, especially in industrial employments, it is necness of various pursuits can be known. The question tiou is very important, so that the relative healthfulof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work aud also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Nervant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origiu; "Cauinjury, as fracture of skull, and consequences (e. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus." "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aeci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), Mcasics (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report



V. S. No. 1.

	•	NS should state
	RECOR	PHYSICIAI
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	LAINLY, WI	mation should in plain terms ructions on bac
V. B. No. 1.	WRITE F	-Every item of information should be carefully sui CAUSE OF DEATH in plain terms, so that it mainmortant. See instructions on back of certificate.
		Z.

/	PLACE OF DEATH 16937	STATE OF MARYLAND CERTIFICATE OF DEATH
Gou	nty Norchesler	Registered No. 1/2
Vill	age or City Viennia (No. )	St.; Ward)  [It death occurred in a bospitel or institution, give its NAME instead of street end number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ualo white (Single, Married Oppioace)  (Write the word)	16 DATE OF DEATH December 25", 1913. (Month) (Day) (Year)
6 DAT	E OF BIRTH april 20 h, 850	Dec 2/ = 1913 to Dec, 25 1913,
7 AGE	(Month) (Day) (Year)    1	and that death occurred on the date stated above, at / O. C. m.  The CAUSE OF DEATH* was as follows:
(a) Tr partic (b) Go busine	ade, protession, or Housewife with kind of work work with a state of industry, ss, or establishment in employed (or employer)	Copar (neumonia (Duration) 0 yrs. 0 mos. 10 ds.
9 BIR (Sta	THPLACE to or country) Darchester Co. Marylang	Contributory (Secondary)  (Daration) yrs mos ds.
	ONAME OF Afred Hurbey  BIRTHPLACE OF FATHER (State or country)  OF MARY LANGE OF FATHER (State or country)	(Signed) Edward E. Lamku, M. D. Alee., 25, 1913 (Address) Vienna, and.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARENTS	2 MAIDEN NAME flice Horsenhaw	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	3 BIRTHPLACE OF MOTHER (State or country) Mary land	At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
	tormant) John N. Augues 32.	It not at place of death?  Former or  usual residence.
DF(	C 2 5 1913, 191 Edward & Lamking REGISTRAR	Hurley's teck Vienna, Md. Date of BURIAL Surley's teck Vienna, Md. Dec 27th, 1913.  20 UNDERTAKER  H. H. Welloughly & Son E. N. Market Ma
	Local-Registran, Bureauth Sugarian	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the dibrarb Caubing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Polsoned mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purapural septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Aceidental drowning; Struck by railway train-acetsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: Ex-



Village or City Vienna Beans  FILL NAME Reven France	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIEO, MIDOWED, WIDOWED, OR OLOROGED (Write the word)  B DATE OF BIRTH  (Month)  (Day)  (Tear)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  Alec. 2, 1912, to here 14 15, 1913, that I last saw here alive on Nec 13 to 1913.
TAGE  O  Trade, profession, or  particular kind of work  (b) General nature of industry, business, or establishment in  which employed (or employer)	and that death occurred on the date stated above, at \$304m.  The CAUSE OF DEATH* was as follows:  Local Duration yrs. mos./# ds.  Contributory
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country) Warkwown.	(Signed) (Duraflon), HS. MOS. A. ds.  (Signed) (Signed), M. D.  (Signed) (Signed) (Signed), M. D.  (
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Dewell Hurley (Sou)  (Address) Vienna, Ital.  16 DEC 1 6 1913 191 Edward & Lamkur  REGISTRAR  LOCAL TOPP BANGE TO BEST CALLED SAID ROLLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  Volorigh Lig C. Function  4. Beito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," -Precise statement of occupa-As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies, peritonacum, etc...

ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septicharctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... "Contributory." The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Examples For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // St :----Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE tf LESS than and that death occurred on the date stated above, a 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) ... BIRTHPLACE Contributory .... (State or country) Secondary 10 NAME OF FATHER 191.3. (Address) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF tf not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Ilf death occurred in

(Year)

a hospital or institution.

give tts NAME Instead of street and number.]

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DATE OF BURIAL

ADDRESS





[Approved by U. S. Census and American Public Health Association.]

mme, etc. "Manager," "Dealer," etc., without more precise speci-Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

 ture of the American Medical Association.) nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



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PHYSICIANS should state of OCCUPATION is very properly classifled. Exact statement stated EXACTLY. should be AGE carefully supplied. that It may See instructions on back of certificate. of information should be CAUSE OF Important.

16940 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.//6

County Dreliester
Village or City Cambridge Hospital

[If death occurred in a hospital or Institution,

FULL NAME Carley Joys	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Bell (Single, Marrieo, Single Widowed, Ordivorced (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH  Suly 15, 1903  (Month) (Day (Year)	that I last ssw h./ \(\lambda\) alive on \(\lambda\) (1913.
Foccupation (a) Trade, profession, or particular kind of work.  8 Occupation (b) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 3 A.m.  The CAUSE OF DEATH* was as follows:  The Vercular Penforchs
(b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Oblinich a Obrillo. Secondary  (Duration) yrs mos ods.  (Duration) yrs mos ods.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Hattis las Slottes	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, or Homicipal.
of Mother Hattis Aus Blotten  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Hurlock Hud.  15 Filed Dr. 16, 1913 Sylvery REGISTRAR  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  Rea Howlork Red Date of BURIAL  20 UNDERTAKER.  21 Example of BURIAL  20 Undertaker.  22 Undertaker.  23 Date of BURIAL  24 Date of BURIAL  25 Date of BURIAL  26 Date of BURIAL  27 Date of BURIAL  28 Date of BURIAL  29 Date of BURIAL  20 Undertaker.  20 Undertaker.  20 Undertaker.  20 Undertaker.  20 Undertaker.  21 Date of BURIAL  22 Date of BURIAL  23 Date of BURIAL  24 Date of BURIAL  25 Date of BURIAL  26 Date of BURIAL  26 Date of BURIAL  27 Date of BURIAL  28 Date of BURIAL  29 Date of BURIAL  20 Undertaker.  20 Undertaker.  20 Undertaker.  21 Date of BURIAL  20 Undertaker.  21 Date of BURIAL  22 Date of BURIAL  24 Date of BURIAL  25 Date of BURIAL  26 Date of BURIAL  26 Date of BURIAL  27 Date of BURIAL  28 Date of BURIAL  28 Date of BURIAL  29 Date of BURIAL  20 Undertaker.  20 Date of BURIAL  20

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. causing dearn, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing dearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," theuia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion,"



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PHYSICIANS should RECORD PERMANENT cla DEAT of PO mportant.

50 back instructions

13 BIRTHPLACE OF MOTHER (State or country

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... lit death occurred in .....Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH WIDOWED, MA (Month) (Day (Write the word) (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, f day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

At place	, TEOLDER	13/		In the			
of death	yrs	mos	ds.	State	yrs	mos.	(
Where was disc	ase contrac	eted,					
If not at nince	Cdtcab to						

usual residence

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

Former or

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons ness. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. valvular heart disease; Chronic interstitial nephritis. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Coutributory." scheis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and Qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditious, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



8. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT B.—Every item of information should be CAUSE OF DEATH in plain terms, so

RECORD

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p important. See instructions on back of certificate. 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 115

St.: Ward)

[It death occurred io a hospital or Institution, give Ifs NAME instead of sfreet and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from	
8 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h w allve on Dec. 20, 1913.	
7 AGE  8 3 yrs	and that death occurred on the date stated above, at	
(a) Trade, protession, or particular kind of work.	-submulosis of Lungo	
(b) General nature of industry, business, or establishment to which employed (or employer)	(Ouration) 4 yrs. O mos. O ds.	
9 BIRTHPLACE (State or country) Wownesser	(Secondary)  (Boration)  (Boration)  (Boration)	
10 NAME OF James Ruant	(Signed) A ames w Marade M. D.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  V 12 MOTHER OF MOTHER V 12 MOTHER V 13 MOTHER V 14 MOTHER V 15 MOTHER V 16 MOTHER V 17 MOTHER V 16 MOTHER V 17 MOTHER V 18 MOTHE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
of Mother Sarah Ruark  13 BIRTHPLACE OF MOTHER (State or country) Dorcher	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death	
(Informant) Lawra & Travers	Where was disease contracted, If not at ptace of death?  Former or usual residence	
(Address) Fishing bruk Mol.	applegares mor. Date of Burial	
Filed DEC 22 and 1913 WAS HOUSTON, MA	20 UNDERTAKER  W. H. Simmono & Co Zishing Coek, Mr.	
If more blanks are needed, address State Registrs	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISTABL Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, ecc. fication, as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "PURRPERAL septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ampie: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maltyoma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report Examples For vio-



No. 02

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### PHYSICIANS should state of OCCUPATION is very Exact statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH anna properly classified. (Month) 7 AGE 10 BOCCUPATION (a) Trade, profession, or pe (b) General nature of Industry, business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE carefully o that it (State or country) that 10 NAME OF 0 0 terms, s PARENTS 11 BIRTHPLACE OF FATHER (State or country) LO 12 MAIDEN NAME See Instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country (Informant) OF Important. CAUSE Every

1 PLACE OF DEATH

16943

### STATE OF MARYLAND CERTIFICATE OF DEATH

			1/7
Registration	Dist.	No.	114

St.: Ward)

lif death occurred in a hospital or lostitution, give its NAME instead of street and number. ]

ARTICULARS	MEDICAL CERTIFICATE OF DEATH
o. married	16 DATE OF DEATH (Month) (Day (Year)
	17 I HEREBY CERTIFY, That attended deceased from
841	1913, to OCC 1913,
ear)	that I last saw have alive on 1000 1, 1913
han hrs.	and that death occurred on the date stated above, at
n. ?	The CAUSE OF DEATH* was as follows:
	In John State of the State of t
	not known
	(Duration) yrs mos ds.
_	Contributory Separateral Sugained
ار	Verua (Ouration) 25/yrs - mos ds
	(Signed) & S. Huuf, M. D.
1	Des 8, 1913 (Address) Vienna, Md.
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
1	OR RECENT RESIDENTS) At place  In the
-	of death yrs mos ds. State yrs mos ds
	Where was disease contracted, If not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	Drawbudgy, Maryland Dec. 9th, 1913.
, Jus	20 UNDERTAKER ADDRESS . ADDRESS .
1	Thomas ( under Vienna. Alla



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. causing nearm, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may he indl-Women at home, who are engaged in the Nevcr return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a defiuite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations ou statement of may he stated under the head State cause for Never report



S. No. 1.

PHYSICIANS should state of OCCUPATION Is very RECORD properly classified. Exact statement A PERMANENT stated EXACTLY. should be WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. CAUSE OF Important. S N. B.-Every Item

PLACE OF DEATH 16944

### STATE OF MARYLAND

Co	unty Derchister	CERTIFICATE OF DEATH
Vill	12ge or City Herlocks (No. , -	Registration Dist. No.  St.; Ward)  St.; Ward)  A Martin  Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Color or RACE 5 SINGLE, MARRIED Manuel WIDOWED, ORDINARCED (Write the word)	16 DATE OF DEATH / 1/4 , 1913  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	Sept 1861 (Month) (Day (Year)	that I leat aaw h was allve on Sich Suddenly 1913
(a) par (b) bus	J.2 yrs J. mos J.5 ds. OR min.?  CCUPATION ) Trade, profession, or ricular kind of work  General nature of industry, iness, or establishment in	snd that death occurred on the date atated above, st. 100 m The CAUSE OF DEATH* was as follows:    Jear   John   J
	RTHPLACE (State or country) / Leut les Md	Contributory None to my Knowledge Secondary (Doration) yrs mos de
ARENTS	10 NAME OF Jeorge Musture  11 BIRTHPLACE OF FATHER (State or country) Mary Council  12 MAIDEN NAME	(Signed) (Si
Q.	13 BIRTHPLACE OF MOTHER (State or country) Many Land THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT REGIDENTS)  At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
16 FI	(Address). Hurbrek nick ed Dec 17th, 1813 Robert L Hashings	Former or oscal residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Deelyth, 191.3  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) thus: If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenelamia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



V. S. No. 1.

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RECORD	PHYSICIANS should state to of OCCUPATION is very
IK-THIS IS A PERMANENT	AGE should be stated EXACTLY. properly classified Exact statement
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRIT	Every item of CAUSE OF DE Important. See

3 SEX

7 AGE

PARENTS

15

(interment)

DATE OF BIRTH

BOCCUPATION

16945

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.//6

.St.;Ward)	a hospital or institution,

rred in

Instead

of-street and number.]

5 SINGLE,

MARRIED. WIDOWED.

ORDIVORCED (Write the word)

(Day

(Year)

If LESS than

1 day,.....hrs.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

MEDICAL (	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	e 16 -		1012
	(Month)	(Day	, 1913
17 I HEREBY	CERTIFY. That		
A .	3, 10 hr		- 0
			, 191,
that I last saw h ally	eon Wel	15	191
			119
and that death occurred or			Ti.d
The CAUSE OF DEATH * Y	vas as follows:		
Knews	www	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(	
Lobar The	44.11.67	real	
a L			
(:Ush	(Duratioo)	yrs	mosds.
Gontributory			· ma · · · · · · · · · · · · · · · · · ·
	(Duration)	yrs	mosds.
101miles Johns	Mila.		, M. D.
(Signed)		7	, M. O.
De 17 , 191.3 (A)	Idress) (Oc	ulnd	
*State the DISEASE CA CAUSES, state (1) MEAN	USING DEATH, O	or, in deaths	from VIOLENT
TAL, SUICIDAL, OF HOMICE	DAL.	and (2) Wile	ther Acciden.
18 LENGTH OF RESIDENC	E (FOR HOSPITAL	s, Institution	S. TRANSIENTS.
At place	In the		
of death yrs mos			mos. ds
Where was disease contracted,		, , , , , , , , , , , , , , , , , , , ,	
It not at place of death?	**********		**************************************
Former or			
usual residence			*************
19 PLACE OF BURIAL OR	REMOVAL	DATE OF	
Dambarda	ma	Dial	7, 1913
20 UNDERTAKER		ADDRESS	

OR ..... 7 (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Filed Dre. 16 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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### 2

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhold pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," nuqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichueaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla \*Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



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FOR BI	UNFADING INK-THIS IS A PERMAN
	JINK-T
RESERVED	UNFADIN
MARGIN	WITH
AM	WRITE PLAINLY,
	WRITE

S. No. 1.

PHYSICIANS should state of OCCUPATION Is very RECORD PERMANENT stated EXACTLY. should be AGE carefully supplied. on back See Instructions on back CAUSE OF Important. 8 ż

PLACE OF DEATH	16946	1109
County Darchister		1001
Village or City Cassibrid	(No	

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

...St .......Ward)

[If death occurred in a hospital or institution.

	*FULL NAME Thisiam Mur	give lits NAME Insteed of streat and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	lale While Single,  MARRIED, WIDOWED,  ORDIVERCED (Write the word)	16 DATE OF DEATH OR 24, 1913. (Month) (Day (Year)
6 D	ATE OF BIRTH  When the word)  [Month] (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  mot at all, 191 to 191 , 1
7 A		and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(a) pa (b)	CCUPATION ) Trade, profession, or ricular kind of work	Occi bent al Drowning.
wh	siness, or establishment in ich amployed (or employar)  IRTHPLACE (State or country)  Areland	Contributory Secondary
10 NAME OF FATHER DO NOT KNOW  11 BIRTHPLACE OF FATHER (State or country) Ireland  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Ireland  13 BIRTHPLACE OF MOTHER (State or country) Ireland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		(Signed) (Signed) (Address) Cambridge has
		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds Whare was disease contracted,
	(Informant) It Illians Miletull	If not at place of daath?  Former or usuel residence
16 FII	(Address) Thiladelphia, Va.  1ed Dte. 26, 1912 Ellooff Torce REGISTRAR	Lambridge Med Ste 26, 1813  20 UN DERTAKER  W. H. Willin TBro Cambridge mes

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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5	RE	PHY
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.
	PLAIN	ormation H in pi
5	RITE	of info
	3	Item SE OF
No. 1.		Every CAUS Impor

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SICIANS should state

CORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 116 It death occurred in St .: Ward) a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE It LESS than and that death occurred on the date stated above, at. 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 50 191 3 (Address) 05 Pice St PARENTS 11 BIRTHPLACE OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME See instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

At place	In the		
of death yrs mos ds	. State	yrs,	mos,
Where was disease contracted,		17	
It not at place of death?		***************************************	
Former or			
usual residence			

20 UNDERTAKER

REGISTRAR

1f more blanks are needed, address State Registrar, 6 E. Fraaklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mant neoplasms); Measles; Whooping cough; Chronie mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustlon," Never report For vio



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### STATE OF MARYLAND CERTIFICATE OF DEATH

.....St.;....Ward)

Registration Dist. No. 1/6

	CHy Cambridge (No.	Horhile
		me enfant
PE	ERSONAL AND STATISTICAL PARTICULARS	S
3 SEX	4 COLOR OR RACE SINGLE, New	gle 18 DATE OF DE

It death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

FULL NAME / Name 2	ugaur noble
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final White Single, wingle with the word)	18 DATE OF DEATH Sec. 16th 1913  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  OC 164 1973  (Month) (Day (Year)	that I last saw has sive on Dec. 16th 1918.
7 AGE   it LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	Fortun Gerlanfria
(b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or Country)  Mary Land  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  11 MOTHER  12 MAIDEN NAME OF MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) January 13. John	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence
16 Filed Dec 17, 1913 Esway REGISTRAR	Date of Burial OR REMOVAL DATE OF BURIAL DAMINING MA DE 1913.  20 UNDERTAKER, ADDRESS  ADDRESS  Why Mo. Millis & Bro. Cambridge Mid

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits cau be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canchildbirth or miscarriage as "Puerperal schiichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Auaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "Puerperal peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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Instructions on back DEATH in plain terms,

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16

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

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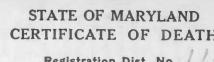
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PLACE OF	DEATH	1694
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Village or	City	(N	10	CERTIFICATE OF DEATH  Registration Dist. No
	SONAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wor	infant.	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BI	(Month)	(Day)		that I last saw h alive on
7 AGE		mosds.	if LESS than 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
(b) General natur business, or est	sion, or worke of industry,			(Ouration) yrs. mos. ds.

9 BIRTHPLACE (State or country) Contributory. (Secondary) 10 NAME OF FATHER (Signed)....

	CAUS	ms, state	(1)	MEANS O	F INJURY;	and	(2)	whether	ACCIDEN-
4	^								

I	OR RECENT RESIDENTS)		dilons	, IRANSIER	18
	At place of death yrs mos ds. Where was disease contracted.	In the State	yrs,	mos.,	ds

_	n Hand			woutin.	

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19 PL	ACE	OF B	URIAL	OR	REMOVAL

DATE	OF BURIAL	
11	. 0	

Wec 10, 191, 20 UNDERTAKER ADDRESS

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usual residence

CAUSE OF Important. S m

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If more blanks are needed, address State Registray, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

OF MY KNOWLEDGE





[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative mealthfulstatement. Never return "Iaborer," "Foreman," "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing peath, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons

Statement of cause of death-Name, first, the disease causing death-Name, first, the disease causing death-Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

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PARENTS

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14 THE ABOVE

(Address).

BOCCUPATION (a) Trade, profession, or particular kind of work...

(b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

which employed (or employer) .....

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

RECORD

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	County Doreluster  Village or City Drawbidge	STATE CERTIFIC Regist
=	FULL NAME Ami m G	asken
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER
	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 93
	Month) (Day (Year)	for the state of t
	7 AGE If LESS than	and that death occurred on the

### OF MARYLAND CATE OF DEATH

tration Dist. No. 1/2

.Ward)

[if death occurred lo a hospifal or institution. give its NAME instead of street and number.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE  Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Szc. /9 ,1913 (Month) (Day (Year)
Dont-Know	17 I HEREBY CERTIFY, That I attended deceased from level et al., 191, to
(Month) (Day (Year)	and that death occurred on the date stated above, at 10 A
1 day,hrs	The GAUSE OF DEATH* was as follows:
House Hupe	do Pan Gudes -
istry, nt in ver)	(Durafion) yrs. mos. ds.
Dorchuster Com	Gontributory Cisterio - Selevosio Secondary
Leven Parker	(Signes) (Si
intry) Dor Chester his	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
Mahaly Park	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
intry) Dorchestinha	At place in the of death yrs, mos ds. State yrs, mos ds
WE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not af place of death?
Dambuda_nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Const Med Med 2/, 1913
Jucal REGISTRAR	Le Comps Hash Combuda
11 more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 200



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## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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(Address)

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16951 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE 1 day, ....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or perticular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St ;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	DEC (Month)	(Day)	, 1913 (Year)
17 I HEREBY	CERTIFY, That		
	91, to		, 191
that I last saw hal	live on		, 191
and that death occurred	on the date state	d above, at	n
The CAUSE OF DEATH*		alle Charles	
Gontributory(Secondary)	(Duration)	yrs	nos. d
(Signed) GAU DECH , 191.3. (	(Duration)		
*State the DISEASE CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMI	NS OF INJURY: an	In deaths from	D VIOLENT
18 LENGTH OF RESIDENTS) At place of death	ds. State.	yrs	
19 PLACE OF BURIAL OF	REMOVAL	DATE OF B	URIAL
no of lacation	for Permet	all.	, 191
20 UNDERTAKER	1		

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstatement. (a) Spinner, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puebperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from "Senlie," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can. death), 29 ds.; "Exhaustion," Examples: For vio-

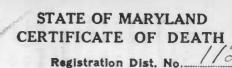


V. S. No. 1.

N. B.

properly classified. Exact statement

Dorchester Reids Grove



[If death occurred in St.;....Ward) a hospital or institution, give its NAME instead of street and number.

²Fl	JLL NAME Dalvin ve	o, effect and number.
PERS	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH Secentry 2 7 th' 1913 (Month) (Day (Year)
6 DATE OF BIR	October 25th, 1910 (Month) (Day (Year)	November 13, 1913, to December 26, 1913, that I last saw h sin allye on December 26, 1913
7 AGE	3 yrs 2 mos 2 ds. or min.?	and that death occurred on the date stated above, at # a.m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (8) Trade, profession particular kind of	on, or	(Scald)
(b) General nature business, or esta which employed (or	biishment in	(Ouration) yrs mos 3 ds.
9 BIRTHPLACE (State or co	Maryland	Secondary Secondary (Duration) Q yrs 0 mas 14 ds
10 NAME C FATHE	Harry R. Reed	(Signed) Odward B. Lamken, M. D.
OFFAT	or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF LINGUISTICS.
13 BIRTHP OF MOT	LACE May Hastings	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
(Intermant)	Sarry R. Reed (Father)	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address).	Meids Grove. And.	Reids Grove And Dec 79" 1913.
Filed 2 /	1913, 191 Saward & Lambu	20 UNDERTAKER ADDRESS HH- Willoushly You & A Market Ma
aptal n	If more blanks are needed address State Regis	trar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



S. No.

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	sta
	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve important. See instructions on back of certificate.
	SSI
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MA	EX.
ER	Exac
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of I DE/
W	OF It.
	y It
	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
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1 PLACE OF DEATH 16953

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist	No	110
IZAPISTI UTIOIT	DISL.	NO.	

St.; Ward)

If death occurred in a hospital or institution, give its NAME instead of Street and number.]

2 F	FULL NAME Lute July	
PER	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Famale	4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH Can 2 and 191.3 (Month) (Day (Year)
6 DATE OF BI	Ao not know. Family has (Month) (Day (Year)	that I last saw h. 5 alive on A color of the saw h. 5 alive on A c
7 AGE	about  3b yrs mos ds OR min.?	and that death occurred on the date stated above, at
(a) Trade, profes particular kind of (b) General nate business, or es which ampioned	on ssion, or thus and the state of industry,	(Duration) fyrs mos ds
9 BIRTHPLAC (State or	F	Contributory   Secondary   Couration   Secondary   S
10 NAME FATH	IER So not know	(Signed) Wift Howatry , M. D.
OFF. (Stat	ATHER CO OF COUNTRY) So not know	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
(Stat	or country) or chestar Co., hid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
(Informant)	E IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?  Former or usual residence
(Addres	s) applagath, ind.	19 PLACE OF BURIAL OR REMOVAL  Appleach, Md.  PSUNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of ago who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonacum, ctc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. , Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the the head Never report



RECORD

See Instructions

N. B.

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Registration Dist.	. No	4 4 -2
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STATE OF MARYLAND

St.; .....Ward)

[If death occurred In a hospital or institution, give Its NAME Instead of street and number.]

FULL NAME 13004 1 CONT	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	1913, to 1913, that I last saw h 2000 allve on 1913.
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work	Vumalure Bull
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Doubester	(Secondary)  (Duration) yrs mos ds.
10 NAME OF FATHER Cliver Groves Wark	(Signed) Ames W. M. D. D. J. P. 4, 1913. (Address) Frahma Cook, m. d.
OF FATHER (State or country) Occursed	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER Sadie Organia Carks  13 BIRTHPLACE OF MOTHER (State or country) Orchester	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds
(Informant)	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Filed School 14th, 191 3 To Ash Austra My REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  14 PLACE OF BURIAL  20 PNDERTAKER  ADDRESS  TESKING Creek 72

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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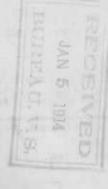
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the return "Laborer," Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for mally The contributory "Old Age," "Shock." 'Traemia," "Weakness." tetanus) (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Never report Examples:



### PERMANENT UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

EXACTLY.

properly classified.

RECORD

PLACE OF DEATH 16955 Dorchester

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in

Cambridge My

FULL NAME Pore & Sh	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale White (Write the word)	(Month) (Day (Year)
7 AGE  3 2 yrs 4 mos 2 7 ds.  6 DATE OF BIRTH  (Month) (Day (Year)  1 day, hrs.  OR min.?	that I last saw here allive on See. 24, 1913 and that desth occurred on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Gulmonary Cargestin -  (Duration) yrs mos 20 ds.  Contributory Arthur fronty 5.8
OF FATHER Charles Ma Nouse  10 NAME OF FATHER Charles Ma Nouse  11 BIRTHPLACE OF FATHER (State or country) Mary Land  12 Maiden NAME OF MOTHER OF MOTHER	(Signed) (Buration) yrs mos ds  (Signed) (Address) (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Annue E. Dian  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  A Character of Country  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, If not at place of death?
(Address) Cambridge Md.  16 Filed Die. 2J 1918 Elegap	Daning Md Dec. 26, 1913.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No.

CAUSE OF Important.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenla," "Anaemia" (mercly symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by eurbolic acid-probably snieide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenciadent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. properly classifled. UNFADING INK-THIS IS AGE carefully supplied. may DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important. 100

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1 PLACE OF DEATH 16956

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 116

 St:	 .Wa	rd)	

[If death occurred in a hospital or Institution, give its NAME Instead

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		(1) nay	a king	11a	76/72	L
FULL	NAME		Jan	ylaydan paraman		

FULL NAME GOOG	fater of steer and nomon.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  Dev 1, 191.3  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on at Us home, 191.
7 AGE  9 4 Yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 6.55 P.m.  The CAUSE OF DEATH* was as follows:  Paralys s
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.  Contributory Of a ac-
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) Yrs mos ds.  (Signed) Yola vorvad , M. D.  Dec V 7, 191 3 (Address) Calulade Ma  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)  15 Later	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos, ds  Where was disease contracted, if not at place of death?
(Address) /26 Pine Staty  15 Filed Dic. 28, 1913 SEWalf REGISTRAR	USUAl residence  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  JURIAL STRUCT Stream Control  Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nection is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite symonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping congh; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mally ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Coutributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of may be stated under the head of For vio-



ē	4	be s
T 0 T	THIS IS	E should srily classif
VED	INK	led. AGI
RESER	INFADING	refully supplicate.
MARGIN RESERVED FOR BI	WRITE PLAINLY, WITH UNFADING INK-THIS IS A	N. B.—Every item of information should be carefully supplied. AGE should be s CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.
3	WRITE PLA	m of Informati OF DEATH IN t. See Instructi
F. S. No. 1.		N. B.—Every ite CAUSE

Village or City En mostar (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No. 1/6  St; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Black (Write the word)	16 DATE OF DEATH See, 13, 1913 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last ssw half alive on Re 3 ,1913.
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Many Land	Contributory (Secondary)  (Duration) yrs mes. 4 .65.  (Daration) yrs mos do
10 NAME OF FATHER Thos. Slauly  11 BIRTHPLACE OF FATHER (State or country) many land  2 Maiden NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Frank Concerns.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Thos. Convery.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) E. 21. Printat ms  15  Filed & J. 4., 1913 E. S. Wolf REGISTRAR  If more blanks are needed, address State Begistrar	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Lalen, M.d.  20 UNDERTAKER  H. The Large Lby  E. H. Market  G. E. Franklin St., Balto., Requesting V. S. No. 1.



### 2

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Fublic Health Association.]

the nature of the husiness or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichaecause of death approved by Committee on Nomencia. "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably swicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Craemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merety symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 8 1914 BURHAU, V.S.

STATE OF M.	
County Dorchester CERTIFICATE	OF DEATH
	[if death occorred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARNIED, MODING. WIDOWED, WIDOWED (World) 16 DATE OF DEATH LES (Month)  16 DATE OF DEATH LES (Month)  17 L HEREBY CERTIFY. That	(Day) , 191.3
6 DATE OF BIRTH	t i attended deceased from
May 11 , 1867	
(Month) (Day) (Year) that I last saw h alive on	, 191
If LESS than and that death occurred on the date state	d sbove, atm,
The GAYSE OF DEATH* was as follows:	1//
BOCCUPATION Suicide With ?	real refle.
	I we mouth
	in Caused
(D) General nature of industry.	wich he died
business, or establishment in agal. Mchy. Komork of (Duration)	yrs
9 BIRTHPLACE (State or country) Done hoster Country (Secondary)	••••••••••••••••••••••••••••••••••••••
FATHER Staring N. Storens (Signed) Edward I	pre mos ds.
11 BIRTHPLACE OF FATHER  M  A  A  Address)  E  O  O  F  A  A  A  A  A  A  A  A  A  A  A  A	
OF FATHER (State or country)  Maryland  State the Disease Causing Death, or Causes, state (1) Means of Injury; and Tall, Suicidal, or Homicidal.	In deaths from VIOLENT ad (2) whether ACCIDEN-
of MOTHER Darah J. Me Reever 18 LENGTH OF RESIDENCE (FOR HOSPITALS	
OR RECENT RESIDENTS)  At place In the	yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, If not at place of death?	7 · · · · · · · · · · · · · · · · · · ·
Interment Edgar B. Junemous Former or	**************************************
(Address) Cash bridge Md. Usual residence. 19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 . East new monted my	Dec. 4 1913
Filed 20 UNDERTAKER	ADDRESS
REGISTRAR of A Wiloughby	E. n. market
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.	No. 1. md

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. material worked on may form part of the second For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, pertionacum, etc.. Carcin-

chlidbirth or miscarriage, as "Purperal scptichaccause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. cause of death approved by Committee on Nomencla lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can he ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) is icss definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head of (name origin; "Can Examples:







[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Luborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home; who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cuncause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehuectc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia." "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10, ds. Never report affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.: "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head of "Exhanstion," For vio-



PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT stated EXACTLY.

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. IDEATH in plain terms, so that it may be properly classified. Exact statement see instructions on back of certificate.

See Instructions on back

of information

CAUSE OF Important. S

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15

No. 1.

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16960 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.1

ADDRESS

daylors Osland, me

Henry Lambelin

St .: -- Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and oumber. 1

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED ORDIVORCED WITH the word)	16 DATE OF DEATH (Month) (Day), 1913. (Month) (Day) (Year)
O yrs. 10 mos. 6 ds. 0R min.?	that I last saw h was alive on the date stated above, at 5 and The CAUSE OF DEATH* was as follows:
8 OCCUPATION  (a) Trade, profession, or particular kind of work  (h) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Ouration) O yrs. 1 mos. 15 d  Gontributory Brown of presumonia
10 NAME OF Samuel Francis Thomson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) Oyrs 1 mos 5 d  (Address) Alacuma Caule Man oyrs 2 d  (Signed) Oyrs 1 mos 5 d  (Signed)
of Mother Elengant Internal  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) 3. 4 Hormson Performant	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, d Where was disease contracted, It not at place of death? Former or usual residence.
Galden Hill Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

12/more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health . Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, totanus) may be stated under the head Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver usund of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples For vio-



V. S. No. 1.

### A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-Every item of information should be CAUSE OF DEATH in plain terms, s

16961

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred le a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m	x 4 COLOR OR RACE Single, MARRIED, WIDOWEO, ORDIVORCED (Write the word) Sunda	16 DATE OF DEATH 7 , 1913 (Month) (Day (Year)
6 DA	TE OF BIRTH  LINES 1888	17 I HEREBY CERTIFY, That I attended deceased from Lat 29, 191.3, to Dec. 4, 191.3.
TAG	(Month) (Day (Year)  E   It LESS than	and that death occurred on the date stated above at 1236 Pm.
	2.5 yrs 5 mos 2.5 ds   1 day	The CAUSE OF DEATH* was as follows:
part (b)	Trade, profession, or liquid the control of work liquid the control of work liquid the control of the control o	7.2
9 mil	less, or establishment in Annual State or country)	Contributory Hermonhaig Secondary
	10 NAME OF Pauson B Todd	(Signed) (Duration) yrs mos. 4 ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Tollactle Vis	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	12 MAIDEN NAME OF MOTHER Ropia A Gold	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 -	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
	nformant) Greather Dock	If not at place of death?————————————————————————————————————
16	(Address) Todakachla, 2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  AT B. B. Jordal Die 8 1913
File	Du 9th 1913 WH H hellhelt REGISTRAR	20 UNDERTAKER ADDRESS  (A. C. A. C.
	If)more blanks are needed, address State Regist	trar. 6 P. Franklin St. Balto. Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Forcman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERFERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid—probably suicidc. Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puenperal scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of may be stated under the head "Dropsy," The nature of the "Exhaustion," Never report For vio-



# WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very carefully supplied.

o that it may be p of information should be c DEATH in plain terms, so See instructions on back of CAUSE OF Important. S

16962 PLACE OF DEATH

Village or City Fishing Ereck (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1/6

St.; Ward)

Ilf death occurred in a hospital or institution. give its NAME instead

FULL NAME amo Vil	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH SEASON 1874, 1913  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
Saptambar 7th, 1902  (Month) (Day Kear)	that I last saw have alloe on Security 137, 1913,
7 AGE  13 yrs 3 mos 6 ds.   If LESS than 1 day,hrs.   ORmln. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or School Tory particular kind of work	Syphond Ferry
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrsmos. 41.ds.
State or country) Sorchester Co. Ind.	Secondary (Duration) yrs mos ds.
on 11 BIRTHPLACE	(Signed) W. H. Hunten, M. D.
OF FATHER (State or county) reheater Co, Ind,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) when shore Co. Ind.	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds  Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant) Sarah E Trues	It not at place ot death?  Former or usual residence
(Address) Frohing 6 seck. Ind.  Filed Dec 14 h, 1913 WHATTER WA	DATE OF BURIAL OR REMOVAL  JEST STATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  WMA. Simmons & Co., Tishing Ereck Ind.
	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the pisease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," theuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ratvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Can-".Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Iuanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Couample: Measles (disease causing ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The coutributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustiou," Never report



state	PLACE OF DEATH 16963	STATE OF MARYLAND CERTIFICATE OF DEATH
bud s	County Darelleste	Registered No. 115
ECORD IYSICIANS should OCCUPATION IS	Village or City applegath (No. 1)	St; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PH of the	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANENT KACTLY.	Male Volute (Write the word)	(Month) (Day) (Year)
stated Exact	B DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Secondar 25, 1913, to Secondar 25, 1913, that I last any home alive on Secondar 21, 1913.
HIS IS A should be	7 AGE (MOMIN) (Day) (I LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at b A m, The CAUSE OF DEATH* was as follows:
DING INK—T supplied. AGE may be properle.	8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos Sas.  Contributory (Secondary)
WITH UNFAI	10 NAME OF FATHER TENTY Togle  11 BIRTHPLACE OF FATHER (State or country)  W	(Signed) (Doration) yrs mos ds.  (Signed) (No. Market Lange Langet Lange
E PLAINLY nformation sh ATH in plain instructions o	13 BIRTHPLACE OF MOTHER (State or country) Sorchester Co. Jude  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTA)  At place in the of death
WRITI	(Informant) Henry Vigle  (Address) applicately Find.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  applegath, Ind. Goodland Date of BURIAL  Applegath, Ind. Goodland Decent 18 25 24 4 181. 20
N. B. N. B. ⊢ B. N. D. F. C. D. F. F. C. D. F. F. C. D. F.	Flied ES 23 1913 MAN REGISTRAR  If more blanks are needed, address State Registra	WM H. Summer & Co. Reling Creck To the Grand of the Control of the

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid ineumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis. nant neoplasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .... cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. by earbolic acid—probably suicide. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (name origin; "Can-The nature of the For VIO-Ex-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

Monds

[If death occurred in

FULL NAME Milleain aman	des Voir stader and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thate Single, Married, Widowed, Windowed, Windowed, Windowed, Write the word	16 DATE OF DEATH Dec /3th, 191-3. (Month) (Day (Year)
Month (Day (Year)	that I last saw h alive on, [91
7 AGE  If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above/atm. The CAUSE OF DEATH* was as follows: Use liveure
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Sect 30 Allunds  (Duration) yrs mos. 18.
9 BIRTHPLACE (State or country) Many Caud  10 NAME OF FATHER Anny amadis Vonstado  11 BIRTHPLACE OF FATHER (State or country) Dermany  2 OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER	(Signed) Overt & Hastings Local Legisland D.  (Signed) Overt & Hastings Local Legisland D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER Chuslaina Frederica  13 BIRTHPLACE OF MOTHER (State or country) Mary Ceced  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Hung a Winsfadere	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of death yrs, mos ds.  Where was disease confracted, If not af place of death? former or osoal residence.
(Address) Addirals tier of Aud  16 Filed Dec/3 1913 Tobul Maskugs  REGISTRAR  If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL  ADDRESS  20 UNDERTAKER  ADDRESS  TAR, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of lli-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

injury, as fracture of skuii, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if Impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaethenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicidc. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State etc, when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unicss important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify ail discases resulting from Mcasics (disease causing death), 29 ds.; "Senilc," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," cause for



PERMANENT

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every item of information should be esrefully supplied.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. 16965.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

County Noveluster	110.
Village or City Funch viele (No. )	Registered No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGER, MARRIED, Maried Whower, ORDINORED	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) /3 (Day) (Ygar)	1912, to Asc 24, 1913, that I lest saw h
7 AGE  7 2 yrs. 2 mos. 14 ds. OR. min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Frade, prefession, or flature particular kind of work (b) General nature of industry, business, or establishment in which amployed (or employer)  9 BIRTHPLACE (State or country)  10 Occupation  8 OCCUPATION (b) Frade, prefession, or particular kind of work work  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory Fruits Cria (Secondary)  (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Sen Co, Mid  12 MAIDEN NAME OF MOTHER OF MOTHER  17 MAIDEN NAME OF MOTHER	(Signed)
of MOTHER Margaris & Canon  13 BIRTHPLACE OF MOTHER (State or country) Nusceus To Del	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) Cora The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Cake Grove Oil  Fited Dec 29th, 1913 & the Honstings Dikte Local REGISTRAR	The devalstang Md Dec 29th, 1813.  20 UNDERTAKER  1. Hramptom Low Fr devalstung.

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physiciun, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons The (%)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgsuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Ohronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING RESERVED MARGIN

V. S. No. 1.

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8

	PLACE OF DEATH 16966 Sunty Dorchester  Blage or City Reide Grove (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  St.; Ward)  Forcests  St.; Ward of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex COLOR OR RACE Single, MARRIED, WIGOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH DECEMBER 27 , 1913.  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	December 27th, 9/3	
	(Month) (Day (Year)	that I last saw h slive on
Stu	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
(a pa (b) bus	CCUPATION ) Trade, profession, or ritcular kind of work. ) General nature of industry, siness, or establishment in lich employed (or employer)	(Stell Born) Emouthe.
	IRTHPLACE (State or country) Mary land!	Contributory Secondary
S	10 NAME OF FATHER Frank Hougus	(Signed) No Phipician in attendance. M. D. See burth (Abordered Signed by Mudwife
Z	11 BIRTHPLACE OF FATHER (State or country) Mary Cand	The state of the s
PARENTS	12 MAIDEN NAME Sarah Meekins	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of death yrs, mos, ds
14 7	(Informant) Frank Wongus (Father)	Where was disease contracted, If not at place of death?
	(Address) Menna, and R. J. D+2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	DEC 2 9 191391 Edward & Lam Rui	Reide Grove Aid Dec 29, 1913.  20 UNDERTAKER Farher Neura Mid.
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Local Registrar, Bureau V. S. Of Md.



### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an ness of various pursuits can be known. The question should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

icsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinai meningitis"); Diphtheria (avoid use of CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercufavor (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 110 [If death occurred in Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ..., 1913., to (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 5 1 day, .... hrs. The CAUSE OF DEATH + was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUGES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs, ..... mos, ... Where was disease contracted. If not at place of death? Former or 15 .... 191.3 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1





[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichae genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig "Contributory." Accidental drowning; Struck by railway train—accioma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in St.;....Ward) a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE, 16 DATE OF DEATH MARRIED, Marry WIDOWED, (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or Taleren Our particular kind of work. (b) General nature of Industry. business, or establishment In which employed (or employer) ..... 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs. \_\_\_ mos. \_ ds. Where was disease contracted. if not at place of death?-Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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